

# **HCP 17244 Pathways Community Behavioral Healthcare, Inc. Quarterly Data Report April-June, 2008**

## **Per the defined Quarterly Data Report Requirements**

### **APPENDIX D – Pages 73-75 of Federal Communications Commission FCC 07-198**

#### **1. Project Contact and Coordination Information**

- a. Identify the project leader(s) and respective business affiliations.

**Richard L. Colvert Project Coordinator CIO MBHM**

- b. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for the responsible administrative official.

**Richard L. Colvert  
Pathways CBH Inc.  
1800 Community Drive  
Clinton, MO. 64735  
Telephone: 660-885-8131  
Fax: 816-318-3131  
e-mail: [rcolvert@pbhc.org](mailto:rcolvert@pbhc.org)**

- c. Identify the organization that is legally and financially responsible for the conduct of activities supported by the award.

**Pathways CBH Inc.**

- d. Explain how project is being coordinated throughout the state or region.

**Design of the project is being done at Pathways CBH Inc. Corporate offices. Direct and continuing contact with the respective Office Manager, Program Directors of Clinical Services and Information Technology staff is ongoing to determine requirements and service levels for each region. Project Coordinator and Project Assistant Coordinator are points of contact for all locations for circuit installations and configurations.**

#### **2. Identify all health care facilities included in the network.**

- a. Provide address (including county), zip code, Rural Urban Commuting Area (RUCA) code (including primary and secondary), six-digit census tract, and phone number for each health care facility participating in the network.
- b. For each participating institution, indicate whether it is:
- Public or non-public;
  - Not-for-profit or for-profit;
  - An eligible health care provider or ineligible health-care provider with an explanation of why the health care facility is eligible under section 254 of the 1996 Act and the Commission's rules or a description of the type of ineligible health care provider entity.

Pathways Community Behavioral Healthcare, Inc.  
201 Main  
Belton, MO 64012  
(816) 322-4332  
(816) 322-5445 fax  
RUCA code 1 1.0  
Census tract code 0602.00  
Private  
Not for Profit  
Eligible - Not for profit mental health center providing outpatient mental health services to the community

Pathways Community Behavioral Healthcare, Inc.  
741 N. State Hwy 5  
P.O. Box 1560  
Camdenton, MO 65020  
(573) 317-9100  
(573) 317-9104 fax  
RUCA code 10 10.0  
Census tract code 9504.00  
Private  
Not for Profit  
Eligible - Not for profit mental health center providing outpatient mental health services to the community

Pathways Community Behavioral Healthcare, Inc.  
Corporate Office  
1800 Community Drive  
Clinton, MO 64735  
(660) 885-8131  
(660) 885-3690 fax  
RUCA code 7 7.0  
Census tract code 9506.00  
Private  
Not for Profit  
Eligible - Not for profit mental health center providing outpatient mental health services to the community acting as data center / hub for all offices.

Pathways Community Behavioral Healthcare, Inc.  
2516 Forum Blvd, Suite 102  
Columbia, MO 65203  
573-445-3823  
573-445-3824 fax  
RUCA code 1 1.0  
Census tract code 0011.03  
Private  
Not for Profit  
Eligible - Not for profit mental health center providing outpatient mental health services to the community

Pathways Community Behavioral Healthcare, Inc.  
107 W Broadway Street  
El Dorado Springs, MO 64744  
(417) 876-5314  
(417) 876-5328 fax  
RUCA code 7 7.0  
Census tract code 9702.00  
Private

Not for Profit

Eligible - Not for profit mental health center providing outpatient mental health services to the community

Pathways Community Behavioral Healthcare, Inc.

1905 Stadium Boulevard

P.O. Box 104146

Jefferson City, MO 65110

(573) 634-3000

(573) 634-4010 fax

RUCA code 1 1.0

Census tract code 0107.00

Private

Not for Profit

Eligible - Not for profit mental health center providing outpatient mental health services to the community

Pathways Community Behavioral Healthcare, Inc.

Mail not delivered to this address –

send to Stadium Blvd Office

1431 Southwest Blvd., Suite 6

Jefferson City, MO 65109

(573) 635-5819

(573) 635-9643 fax

RUCA code 1 1.0

Census tract code 0107.00

Private

Not for Profit

Eligible - Not for profit mental health center providing outpatient mental health services to the community

Pathways Community Behavioral Healthcare, Inc.

1216 Deadra Drive

Lebanon, MO 65536

(417) 532-7102

(417) 532-6606 fax

RUCA code 4 4.0

Census tract code 9605.00

Private

Not for Profit

Eligible - Not for profit mental health center providing outpatient mental health services to the community

Pathways Community Behavioral Healthcare, Inc.

Lafayette Square Shopping Ctr.

819 S 13 Hwy

Lexington, MO 64067

(660) 259-3898

(660) 259-4497 fax

RUCA code 2 2.0

Census tract code 0901.00

Private

Not for Profit

Eligible - Not for profit mental health center providing outpatient mental health services to the community

Pathways Community Behavioral Healthcare, Inc.

320 N Mac Boulevard

Nevada, MO 64772

(417) 667-2262

(417) 667-6515 fax

RUCA code 7 7.0

Census tract code 9504.00

Private

Not for Profit

Eligible - Not for profit mental health center providing outpatient mental health services to the community

Pathways Community Behavioral Healthcare, Inc.

1197 State Hwy KK

Osage Beach, MO 65065

(573) 348-5331

(573) 348-5232 fax

RUCA code 10 10.0

Census tract code 9502.00

Private

Not for Profit

Eligible - Not for profit mental health center providing outpatient mental health services to the community

Pathways Community Behavioral Healthcare, Inc.

407 Laurus Drive

Raymore, MO 64083

(816) 318-4430

(816) 318-8865 fax

RUCA code 1 1.0

Census tract code 0603.01

Private

Not for Profit

Eligible - Not for profit mental health center providing outpatient mental health services to the community

Pathways Community Behavioral Healthcare, Inc.

1450 E 10<sup>th</sup> Street

Rolla, MO 65401

(573) 364-7551

(573) 364-4898 fax

RUCA code 4 4.0

Census tract code 9903.00

Private

Not for Profit

Eligible - Not for profit mental health center providing outpatient mental health services to the community

Pathways Community Behavioral Healthcare, Inc.

State Fair Shopping Center

1400 South Limit, Suite 9

Sedalia, MO 65301

(660) 826-5885

(660) 826-5174 fax

RUCA code 4 4.0

Census tract code 9807.00

Private

Not for Profit

Eligible - Not for profit mental health center providing outpatient mental health services to the community

Pathways Community Behavioral Healthcare, Inc.

204 E Market

Warrensburg, MO 64093

(660) 747-2286

(660) 747-5799 fax

RUCA code 4 4.2

Census tract code 9606.00

Private  
Not for Profit  
Eligible - Not for profit mental health center providing outpatient mental health services to the community

Pathways Community Behavioral Healthcare, Inc.  
520-C Burkarth Road  
Warrensburg, MO 64093  
(660) 747-7127  
(660) 747-1823 fax  
RUCA code 4 4.2  
Census tract code 9606.00  
Private  
Not for Profit  
Eligible - Not for profit mental health center providing outpatient mental health services to the community

Pathways Community Behavioral Healthcare, Inc.  
1620 Hilltop Drive  
Warsaw, MO 65355  
(660) 428-1280  
(660) 428-1283 fax  
RUCA code 10 10.0  
Census tract code 9603.00  
Private  
Not for Profit  
Eligible - Not for profit mental health center providing outpatient mental health services to the community

Pathways Psychiatric Hospital  
D/b/a Royal Oaks Hospital  
307 N Main  
Windsor, MO 65360  
(660) 647-2182  
(660) 647-2217 Admin. fax  
(660) 647-3617 Office fax  
RUCA code 7 7.0  
Census tract code 9501.00  
Private  
Not for Profit  
Eligible Not for profit hospital  
Eligible – A Joint Commission certified not for profit hospital.

Pathways Psychiatric Hospital  
Windsor Annex  
200 W Florence  
Windsor, MO 65360  
(660) 647-9921  
(660) 647-3617 fax  
RUCA code 7 7.0  
Census tract code 9501.00  
Private  
Not for Profit  
Eligible – Administrative office for a not for profit Joint Commission certified hospital.

**Note all RUCA codes were obtained from the University of Washington**

**3. Network Narrative: In the first quarterly report following the completion of the competitive bidding process and the selection of vendors, the selected participant must submit an updated technical description of the communications network that it intends to implement, which takes into account the results its network design studies and negotiations with its vendors. This technical description should provide, where applicable:**

**Network is still in design phase. Bidding process has not begun.**

- a. Brief description of the backbone network of the dedicated health care network, e.g., MPLS network, carrier-provided VPN, a SONET ring;
- b. Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds;
- c. Explanation of how and where the network will connect to a national backbone such as NLR or Internet2;
- d. Number of miles of fiber construction, and whether the fiber is buried or aerial;
- e. Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.

**4. List of Connected Health Care Providers: Provide information below for all eligible and non-eligible health care provider sites that, as of the close of the most recent reporting period, are connected to the network and operational.**

**N/A, as pilot program network is still in design phase.**

- a. Health care provider site;
- b. Eligible provider (Yes/No);
- c. Type of network connection (e.g., fiber, copper, wireless);
- d. How connection is provided (e.g., carrier-provided service; self-constructed; leased facility);
- e. Service and/or speed of connection (e.g., DS1, DS3, DSL, OC3, Metro Ethernet (10 Mbps);
- f. Gateway to NLR, Internet2, or the Public Internet (Yes/No);
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- g. Site Equipment (e.g., router, switch, SONET ADM, WDM), including manufacturer name and model number.
- h. Provide a logical diagram or map of the network.

**5. Identify the following non-recurring and recurring costs, where applicable shown both as budgeted and actually incurred for the applicable quarter and funding year to-date.**

**N/A, as pilot program network is still in design phase.**

- a. Network Design
- b. Network Equipment, including engineering and installation
- c. Infrastructure Deployment/Outside Plant

- i. Engineering
- ii. Construction
- d. Internet2, NLR, or Public Internet Connection
- e. Leased Facilities or Tariffed Services
- f. Network Management, Maintenance, and Operation Costs (not captured elsewhere)
- g. Other Non-Recurring and Recurring Costs

**6. Describe how costs have been apportioned and the sources of the funds to pay them:**

**N/A, as pilot program network is still in design phase.**

- a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.
- b. Describe the source of funds from:
  - i. Eligible Pilot Program network participants
  - ii. Ineligible Pilot Program network participants
- c. Show contributions from all other sources (e.g., local, state, and federal sources, and other grants).
- i. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.
- ii. Identify the respective amounts and remaining time for such assistance.
  - d. Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program.

**7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network.**

**N/A, as pilot program network is still in design phase.**

**8. Provide on update on the project management plan, detailing:**

- a. The project's current leadership and management structure and any changes to the management structure since the last data report; and
- b. In the first quarterly report, the selected applicant should provide a detailed project plan and schedule. The schedule must provide a list of key project deliverables or tasks, and their anticipated completion dates. Among the deliverables, participants must indicate the dates when each health care provider site is expected to be connected to the network and operational. Subsequent quarterly reports should identify which project deliverables, scheduled for the previous quarter, were met, and which were not met. In the event a project deliverable is not achieved, or the work and deliverables deviate from the work plan, the selected participant must provide an explanation.

**a. Evaluation of immediate needs within geographic area determined that many locations were in need of tele-medicine services before the completion of the project would be achieved. For that reason many of the locations were removed from the Pilot Project and were approved for funding from an alternative source. The evaluation also showed other geographical areas that would benefit from the**

**use of tele-medicine service for delivery of care to clients, and those locations were placed in the Pilot Project.**

**b. N/A, as pilot program network is still in design phase.**

**9. Provide detail on whether network is or will become self sustaining. Selected participants should provide an explanation of how network is self sustaining.**

**It is the intention of the Pathways project to become self funded in the event that an alternative funding source is not found at the time of the Pilot Project end.**

**10. Provide detail on how the supported network has advanced telemedicine benefits:**

**N/A, as pilot program network is still in design phase.**

- a. Explain how the supported network has achieved the goals and objectives outlined in selected participant's Pilot Program application;
- b. Explain how the supported network has brought the benefits of innovative telehealth and, in particular, telemedicine services to those areas of the country where the need for those benefits is most acute;
- c. Explain how the supported network has allowed patients access to critically needed medical specialists in a variety of practices without leaving their homes or communities;
- d. Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, and private health care institutions that are repositories of medical expertise and information;
- e. Explain how the supported network has allowed health care professional to monitor critically ill patients at multiple locations around the clock, provide access to advanced applications in continuing education and research, and/or enhanced the health care community's ability to provide a rapid and coordinated response in the event of a national crisis.

**11. Provide detail on how the supported network has complied with HHS health IT initiatives:**

**N/A, as pilot program network is still in design phase.**

- a. Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary;
- b. Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology;
- c. Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations;
- d. Explain how the supported network has used resources available at HHS's Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology;
- e. Explain how the selected participant has educated themselves concerning the Pandemic and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives; and



f. Explain how the supported network has used resources available through HHS's Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations.

**12. Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease Control and Prevention (CDC) in instances of national, regional, or local public health emergencies (e.g., pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials.**

**N/A, as pilot program network is still in design phase.**